

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Certification of Community Health Workers
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https://www.mass.gov/orgs/board-of-certification-of-community-health-workers

MARYLOU SUDDERS Secretary

MARGARET R. COOKE Acting Commissioner

## **TRAINING ENTITY**

#### CE PROGRAM APPROVED STATUS APPLICATION

Massachusetts training and educational organizations seeking Approved Status to provide continuing education programs and activities for Certified Community Health Worker must complete this application. The Board of Certification of Community Health Workers reviews and approves all applications.

#### I. Instructions

Please submit all of the documents listed below:

- 1. A description of each Certified Community Health Worker (CHW) training including the topics covered, the amount of time given to each topic and how the training is related to the role of a CHW.
- 2. Number of continuing education credits requested for the training with a syllabus, outline and objectives or transcript for the training.
- 3. A copy of the certificate given for successful completion of the training.
- 4. Instructor(s) resume(s)/bio(s)

### II. Training Entity Information

Organization Name:		
Business Address (Street):		
City/Town:	State	Zip Code
List all other names under which the Training Entity	conducts or	intends to conduct business:

Website Address:	
Contact Name:	Title:
Phone Number:	Email:
III. Training Entity Attestation	
I,(Print Name and Title of Authorized Signal meets all applicable program content	, will ensure that this continuing education activity atory) and administrative guidelines pursuant to 272 CMR 7.03.
SIGNATURE:Authorized Signatory	DATE:
Board Use Only	

Approved by Board on: --/---